ITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No.

.-Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS WRITE Z.B

Vittage or Gity Manuel acle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or lostitution, give its NAME instead of street and oomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femule Blace (Single, MARRIED, WIDOWED, ORDIVORCEO, OR	16 DATE OF DEATH OLE 29 ,191 3 (Month) (Day (Year)
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **Soccupation **Boccupation** **Commin ?** **Boccupation** **Operation** **Operat	that I last saw alive on the date stated above, at m, 191 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: (Ouration) yrs mos ds. (Signed) (Ouration) yrs mos ds.
of Mother Jace Colons 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914 BUREAU, V.S.

S. No. 1.

	PLAGE OF DEATH	STATE OF MARYLAND
Co	ounty pronlym 11109	CERTIFICATE OF DEATH
	, + NY	Registration Dist. No. 217
. / 2 1	Aund So	Tif death occurred in
A 11	llage or City Junty DungNo.	a hospital or institution,
	John Po 1 8 (13	give its NAME instead of street and number.]
	2FULL NAME & M. Calab V	encley.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH /2 27 1013
0	nala White WIDOWED, Manus	(Month) (Day (Year)
D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	3 .2/	3 / 191.3, to 2/27/, 1913,
	(Month) (Day (Year)	that I last saw h. Am alive on 2/2-4/1,191.3.
7 A	GE If LESS than	and that death occurred on the date stated above, at P
	6 yrs 8 mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
ВО	CCUPATION (Caremona o
(a) Trade, profession, or Turning the first trade of work	
(b)	General nature of Industry,	V Coolale
bus	iness, or establishment in ich employed (or employer)	(Duration) yrs & mos ds.
	IRTHPLACE (State or country)	Contributory Marmus.
	(State or country)	Secondary
	10 NAME OF FATHER RELL 1 2 BOTT	(Signed) (Duration) yrs mos 6 ds.
S	11 BIRTHPLACE	12/27/, 191 3 (Address) Sandy Jounghy
N N	OFFATHER (State or country)	
AR	12 MAIDEN NAME OF MOTHER S	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Ω.	chur midles.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the
4 ,		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant)	Former or usual residence
	(Address) Sandy Spung Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6		Sandy Joey mg 12-29, 1913
Fil	et 12-28- 1913 Clear Farquellars	20 UNDERTAKER ADDRESS
	FOCOL REGISTRAR	9-1- Clarkell Brokenile ma
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



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OCCUPATION PHYSICIANS RECORD statement PERMANENT Exact ciassified. pe should properly ш AGE pe UNFADING may certificate. that it 80 of back terms, Should plain instructions 2 EATH WRITE See PE OF Every item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND 17105 CERTIFICATE OF DEATH County Registration Dist, No. Ilf death occurred lo Village or CityWard) a hospital or lostitution. give its NAME Instead of street and comber. 1 **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH Dec 13" 06 (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which emplayed (ar emplayer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER Signed' ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place of death _____ yrs. ____ mos. __ State ___ Where was disease contracted. THE ABOVE IS BURTE KNOWLEDGE If not at place of death?. Former or (intermant) usual residence BURIAL REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the misease statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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JAN 6 1914
BUREAUT, V.S.

MARGIN RESERVED FOR

V. S. No. 1.

PHYSICIANS should state at of OCCUPATION is very RECORD N. B.—Every item CAUSE OF Important, S 3

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County Montgomery 17106 Registered No. [If death occurred in		1 PLACE OF DEATH	STATE OF MA	RYLAND
VIIIAGE OF CITY WARD (No. St; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLORO REAGE SINGLE. PARTE OF BIRTH MANUEL CONTINUE (No. St; Ward) PATE OF BIRTH MANUEL COLORO REAGE SINGLE. PATE OF BIRTH MANUEL COLORO PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH PATE OF BOATH MANUEL COLORO (Nonth) (Day) (Year) TO LI HEREBY CERTIFY. That I attended deceased for that I lost saw have alive on Coloro PATE OF BOATH MANUEL CALORO PATE OF BOATH MANUEL CALORO PATE OF COLORO PATE OF COLORO PATE OF BOATH MANUEL CALORO PATE OF COLORO PATE OF COLOR PATE OF COLORO PATE OF COLORO PATE OF COLOR		11 - 14400	CERTIFICATE	F DEATH
Vittage or City Ward (No. St; Ward) 2 FULL NAME AMMENTS AME INSERT OF MEMBERS OF MY KNOWLEDGE (State or Country) Prended On the Best of Country American (State or Country) Prended On the Best of Country American (State or Country) Prended On the Best of Country American (State or Country) Prended On the Best of Country American (State or Country) Prended On the Best of Country American (State or Country) Prended On the Best of Country American (State or Country) Prended On the Country On the Cou	Co	ounty ellowly omery 11106	(MV)	213
VIIITAGE OF CITY WARD ARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS			Register	ed No.
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OPARE OF BIRTH AGE TAGE OCCUPATION (a) Trade, protestion, or Rettried Clergyman (b) Beeral nature of Industry, Suchest in which employed (or employer) BIRTHPLACE (State or country) Praction OF FATHER OF BIRTH OF MANUAL AND OF MANUAL AND OF MANUAL AND OF MOTHER (State or country) Practicals Manual And OF MOTHER (State or country) Practicals Manual OF MOTHER (St		FULL NAME James Henr	y Bradford	
Onale Ollite (Wooth) (Day) (Year) It Ess that I lest saw have allye on Delia (Legyman and that death occurred on the date stated above, at S. ISR and that skind of work (Barley or Stablishmen I in which employed (or employer) Onale Ollite (Wooth) (Day) (Year) Onale Ollite (Wooth) (Day) (Year) It Ess that I lest saw have allye on Delia (Legyman and that death occurred on the date stated above, at S. ISR and that skind of work (Barley on Beath) (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
TAGE TAGE TAGE TAGE TO JIS 3 MOS 28 ds OR MIN.? COCUPATION (a) Trade, profession, or particular kind of work (a) Beneral nature of industry, business, or establishment in which employer) BIRTHPLACE (State or country) Practical Planestown , Or. MI. To NAME OF ATHER MOSES B. Bradford (Signed) Contributory (Secondary) To NAME OF MOTHER (State or country) Practical Planestown , Or. MI. The CAUSE OF DEATH* was so follows: Contributory (Secondary) Contributory (Secondary) Secondary) Contributory (Secondary) State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES of NOTHER (State or country) Practical Mass To NAME OF MOTHER (State or country) Practical Mass of INJURY; and (2) whether Accidental State or Country (State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES state (1) Mass of INJURY; and (2) whether Accidental Accidental Alphae of Recent Residents (Institutions, Transients of Recent Residents) in the off Recent Residents (Institutions, Transients of Recent Residents) in the off state of death? (Informant) Mass of INJURY; mos ds. State yrs mos ds. Yrs mos ds. State yrs mos ds. State yrs mos ds. State yrs mos ds. State yrs mos ds	3 SE	Male White Single, Midored Willowed, ORDIVORCED (Write the word)	(Month)	
The CAUSE OF DEATH* was as follows: Cocupation Cocupation Companies C	6 D	august 24, 1836	act. 12 , 191 3 , to Dec	12, , 1913.
**State or country Francistown , N. J. 10 NAME OF FATHER MOSES BRANGOULD (Signed) 10 NAME OF FATHER MOSES BRANGOULD (Signed) 11 BIRTHPLACE (State or country) Francistown , N. J. 12 MAIDEN NAME OF MOTHER WEST BROWN AND CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidented or Recent Residence of Geath yrs. 2 mos. A ds. 13 BIRTHPLACE (State or country) Francistown , N. J. 13 BIRTHPLACE (State or country) Francistown , N. J. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Albertal for Mother Williams of Geath yrs. 2 mos. A ds. State yrs. mos. A ds. (Address) A LAWMY (Informant) Character of Geath yrs. 2 mos. A ds. State yrs. mos. A ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Albertal Albertal Albertal State or country) Character (Informant) Albertal Albertal Albertal State of Geath yrs. 2 mos. A ds. State yrs. mos. A ds. 14 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL DAT	7 A		and that desth occurred on the date stated	above, at 8 / JRm,
GOCCUPATION (a) Irade, profession, or profession, or particular kind of work particular kind of work particular kind of work particular kind of work purples. (b) Beneral nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) Brafton, Olermont (Signed) 10 NAME OF FATHER MOSES Brafford (Signed) 11 BIRTHPLACE** OF FATHER OCCUPATION OF MOTHER OSCINATION ON M. M. 12 MAIDEN NAME OF MOTHER OSCINATION OF INJURY; and (2) whether ACCIDENTALL, SUICIDAL, Or HOMICIDAL 13 BIRTHPLACE** OF MOTHER OSCINATION OF INJURY; and (2) whether ACCIDENTALL, SUICIDAL, OR HOMICIDAL 13 BIRTHPLACE** OF MOTHER OSCINATION OF INJURY; and (2) whether ACCIDENTALL, SUICIDAL, OR HOMICIDAL 14 THE ABOVE IS TRUE TO THE BESTOF MY KNOWLEDGE (Informant) All Branfford Idtable of death yrs. 2 mos. (2 ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		77 yrs. 3 mos. 28 ds. 1 day,hrs.	75	
business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) Brafton, Olemant 10 NAME OF FATHER Moles B. Bradford 2	(a)	Trade, profession, or Retired Clergyman	muenue f - 40	
(State or country) Stafton, Olymont 10 NAME OF FATHER MOSES B. Bradford 11 BIRTHPLACE OF FATHER (State or country) Francistown, N. H. 22 (State or country) Francistown, N. H. 12 MAIDEN NAME OF MOTHER (State or country) Probable Mass 13 BIRTHPLACE OF MOTHER (State or country) Probable Mass 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Manuello Mass 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) (Address) (Address) (Address) (Secondary) (Signed) (Signe	bus	ness, or establishment in	(Duration)	yrsmosds.
(Signed) Substance (Signed) State or country Francistown, O. H. 11 BIRTHPLACE (State or country) Francistown, O. H. 12 MAIDEN NAME OF MOTHER Uselnath Suckman 13 BIRTHPLACE OF MOTHER (State or country) Francistown (Masses) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Masses Country (Informant) Mass	9 BI	RTHPLACE (ate or country) Grafton, Vermont	(Secondary)	vrs mos ds.
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13 BIRTHPLACE OF MOTHER (State or country) Dreinfield Mass 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MBringford Att 26 llf (Address) A. State or BURIAL OR REMOVAL DATE OF BURIAL 19, PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	ENTS	(State or country) Francistown, N. H.	*State the DISEASE CAUSING DEATH, OF.	In deaths from VIOLENT (2) whether ACCIDEN-
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10	4.55	(Address) (h. S. lunny)	19 PLACE OF BURIAL OR REMOVAL	
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			r, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Deaier," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Inver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid I twer (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exnant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify an which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: FOF VIO-



No.

80

Co	ounty Turilgonery 17167	CERTI
		Re
٧	illage or City NEAN Brookwill (No.	£
	* FULL NAME anna Brown	4
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 SE	WIDDWED,	18 DATE OF DEATH
7	tuale White (Write the word)	17 I HEREBY C
8 D	ATE OF BIRTH Tel. 22 .020	NOV, 20 , 191.
	(Month) (Day) (Year)	that I last saw h. A. alive
7 A		and that death occurred on
	74 yrs. 9 mos. 10 ds. or. min.?	The GAUSE OF DEATH * WE
	CCUPATION	21 B 58 4 500 P. a a
pa	Trade, profession, or Housekeepen	ara on A
	General nature of industry, ness, or establishment in	
_	ch employed (or employer)	Contributory
(8	RTH PLACE (ate or country) Thoulsomen 65 Mg	(Secondary)
	10 NAME OF PATHER	(Signed) Agang
S	Houry syoung	DEC 3 191 3. (Addi
	OF FATHER (State or country)	ALLE C, 131
Z	(State of country)	*State the DISEASE CAUS
RENT	12 MAIDEN NAME	CAUSES, state (1) MEANS
PARENT	12 MAIDEN NAME Sarah Harriss	*State the DISEASE CAUSE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICID
ARE	12 MAIDEN NAME OF MOTHER Sarah Harriss 13 BIRTHPLACE	CAUSES, state (1) MEANS of TAL, SUICIDAL, OF HOMICID 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place
PARE	12 MAIDEN NAME Sarah Harriss	CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICID 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs mos Where was disease contracted,
PARE	12 MAIDEN NAME OF MOTHER Sarah Harriss 13 BIRTHPLACE OF MOTHER (State or country) Wordgoweyy HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, state (1) MEANS of TAL, SUICIDAL, OF HOMICID 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs mos Where was disease contracted, it not at place of death? Former or
PARE	13 BIRTHPLACE OF MOTHER (State or country) Worldwary HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Wattric Courter Keruf	CAUSES, state (1) MEANS of TAL, SUICIDAL, OF HOMICID 16 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs, mos. Where was disease contracted, it not at place of death? Former or usual residence.
PARE	13 BITTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Brownevelle	CAUSES, state (1) MEANS of TAL, SUICIDAL, OF HOMICID 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs mos Where was disease contracted, it not at place of death? Former or
PARE	13 BIRTHPLACE OF MOTHER (State or country) Worldwary HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Wattric Courter Keruf	CAUSES, state (1) MEANS of TAL, SUICIDAL, OF HOMICID 16 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs, mos. Where was disease contracted, it not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND ATE OF DEATH

ation Dist. No. 217

.....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and oumber.]

MEDIC	AL CERTIFICATE	OF DEATH
18 DATE OF DEATH	DEC (Month)	(Day), 1913 (Year)
1 11 (A) .		t I attended deceased from
that I last saw h		0 10 50
and that death occurre The GAUSE OF DEATH		d above, at m,
nasumi	age Dra	The Hemiphle
gita os	(fluration)	yrs mos 6 ds.
Contributory(Secondary)	(our action)	J 24
(Signed)	y 6 8 pm	-11- 0
*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.		
18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.		
131 63137		yrs, ds.
of death yrs m Where was disease contracte It not at place of death?	os ds. State	yrs, ds.
of death yrs m Where was disease contracte It not at place of death? Former or usual residence.	os. State d,	yrs, ds.
of deathyrs m Where was disease contracte it not at place of death? Former or usual residence. 19 PLACE OF BURIAL	os ds. State d, OR REMOVAL	DATE OF BURIAL DECL 1913
of deathyrs m Where was disease contracte it not at place of death? Former or usual residence. 19 PLACE OF BURIAL AND LONG. 20 UNDERTAKER	os. State d,	



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhanstion." thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. Never repor-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Examples: For vio-



UNFADING INK-THIS IS A PERMANENT

PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

should

AGE

carefully supplied. certificate.

DEATH in plain terms, so See instructions on back of

of information

CAUSE OF Important.

N.B.

15

Filed De 16, 1913 6. 3. atches

stated EXACTLY.

RECORD

WRITE PLAINLY, WITH

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17108

STATE OF MARYLAND CERTIFICATE OF DEATH

			9	1 1
Registration	Dist.	No.	0	-

St .:--.. Ward)

[If death occurred in a hospital or Institution, give its NAME instead

	FULL NAME Still Sum	or street and nomber.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s1	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Will (Month) (Day (Year)
6 D	ATE OF BIRTH Wonth (Month) (Day	I hereby Certify, That I attended deceased from 191 to 191 that I last saw halfve on 191 191
TA	GE 1	f LESS than day,hrs. The CAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, liness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
RENTS	10 NAME OF FATHER William Ann 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) O. M. Tal Chum, M. D. Jan 29, 191 (Address) Sallurature *State the Disease Causing Death, or, in deaths from Violenz Causes, state (1) Means of Injury; and (2) whether Acciden
Yd 14 T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLES (Interment) William Burn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of deathyrsmosds.
Ē,	(Address) dum antun	and 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise, specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

Y. B. No. 1.

RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

17109

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.; Ward)

[If death occurred in a hospital or institution, give its NAME lostead

	FULL NAME Sunge H	astry states and states.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Pale White opposes (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH Gug 1937 Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from Mich diad 19 to when I 191 , 191
7 A		and that death occurred on the date stated above, at
	76 yrs. 4 mos. 6s. 0R. min.?	The GAUSE OF DEATH * was as follows:
(a	CCUPATION) Trade, profession, or ricular kind of work.	paralysis, first one was almit
(b) bus	General nature of Industry, iness, or establishment in ch employed (or employer)	after he was taken (Duration) yrs mos bs
9 B	IRTHPLACE tate or country)	(Secondary)
S	10 NAME OF FATHER William H Carly	(Signed) G. D. Steller yrs mos ds. (Signed) G. D. Steller yrs mos ds. (Address) Gardhushang 2nd
ARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	OF MOTHER CO. 10 . 10 . 14	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Carry	Former or usual residence Wanuty angle
	(Address) Southwaling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed Dee 18, 1913 C. D. Tithuin 3 Al	Warming Engine 010 19 191). 20 UNDERTAKER ADDRESS Philip Burness Fautoraille
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 2.



[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfui-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc...

LENT DEATHS state MEANS OF INJURY and qualify as accidental, Suicidal, of Homicidal, or as probably sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Haras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association,) cause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

Registration Dist. No. Village or City Mean Rockersle (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 19 J.
Village or City hear Packalle (No
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 19 29, 191 (Month) (Day) (Year
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDO
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Month) (Day) (Year
MARRIED, WIDOWED, (Month) (Day) (Year
Month) (Day) (Yea
I HEREBY CERTIFY, That I attended deceased
8-1
S DATE OF BIRTH
(Month) (Day) (Year) that I last saw h Man alive on Dec. 29, 19
7 AGE If LESS than and that death occurred on the date stated above, at 6
f day, hrs. ORmin.? The CAUSE OF DEATH * was as follows:
BOCCUPATION O
(a) Trade, profession, or and particles
particular kind of work CA avora
(b) General nature of Industry, business, or establishment in (Duration) 9 yrs mos
which employed (or employer)
(State or country) (Secondary)
10 NAME OF (Ogration) yrs mos
FATHER Aumer a. Collins (Signed) Olivard Underlow,
OF FATHER (Address)
State or country) A Can a State the DISEASE CAUSING DEATH OF In deaths from Wrone
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITATE, SUICIDAL, OF HOMICIDAL.
a () wastely melan 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIE
OF RECENT RESIDENTS) At place In the
(State or country) Maryland of death yrs. mos. ds. State yrs. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, line & Bring Md.
(Informant) Philip Cale Former or
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)
16 20 UNDERTAKER ADDRESS
ritu
If more blanks are needed, address State Registrar & E. Franklin St. Date Powerful V. S. V.

STATE OF MARYLAND

17110

PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all ever the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scptichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



RECORD

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PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

WRITE

N. B.

	i PLACE OF DEATH 17111 unty Montgomery lags or City Fermantonn (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERPFICATE OF DEATH
3 SI	Male White More Modern Modern Modern Modern Michael Modern Michael Modern Michael Modern Michael Micha	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191
7 A	(Month) (Day (Year) GE If LESS than	that I last saw halive on
(a) pa (b) bus whi	yrs mos. ds. OR min.? CCUPATION) Trade, profession, or ricular kind of work) General nature of indostry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Design Martin Martin
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 18 PLACE OF, BURIAL OR REMOVAL ALLOW DATE OF BURIAL ALLOW DATE OF BURIAL ALLOW DATE OF BURIAL ALLOW DATE OF BURIAL
	led Sec. 29,191 B & E. Wells REGISTRAR	20 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman," engineer,

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing neath (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Mcastcs (disease causing (Recommendations on statement of (secondary or intercurrent) dcath), 29 ds.; "Exhaustion," For vio-

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

BUREAU, V.S. 大田の田で田口 JAN 7 1914

BUREAU, V.S. SECULIAN DE

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No. 2 ď

1 PLACE OF DEATH

17112

STATE OF MARYLAND CERTIFICATE OF DEATH

			9	1	0
Registration	Dist.	No.	0		8

Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE 5 SINGLE,

MARRIED. WIDOWED. ORDIVORCED (Write the word

6 DATE OF BIRTH

(Month) (Day (Year)

TAGE

3 SEX

It LESS than 1 day__hrs. OR min. ?

BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in

which employed (or employer) -----9 BIRTHPLACE (State or country)

10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OWLEDGE

am (Address) ...

15 REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto, Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	ALIC	4	191
	(Month)	(Day	
	Y CERTIFY, That		
-auu-	191, to D	way-	, 191
that I last saw h a	ilive on	*************	191,
and that death occurred	on the date state	d above, at	m
The CAUSE OF DEATH	was as follows:		
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	(Duratioo)		
# 1			.035,
Secondary	******************		
100000000000000000000000000000000000000	(Doration)	Yrs.	mos. de
(Signed) C. n. 3	tal		
(SIRIER)		1 60	, ы. о
Jan 29 , 1914	(Address) 200	much	mg
*State the DISEASE CAUSES, state (1) ME.	CAUSING DEATH C	r in doothe f	rom Worker
TAL, SUICIDAL, or HOM	ICIDAL.	and (2) wheth	der ACCIDEN-
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	s, Institutions	, TRANSIENTS
At place	In the		
ot death yrs mos		yrs,	mos, de
Where was disease contracted, if not at place of death?			
Former or	***************		
osual residence	***************************************		
19 PLACE OF BURIAL O	RREMOVAL	DATE OF E	BURIAL A

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

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PERMANENT INK-THIS AGE UNFADING

RECORD

1 PLACE OF DEATH PHYSICIANS should to PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, WC ORDIVORCED (Il'rite the word) 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in may which employed (or employer) FATHER 0 50 PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER of information DEATH in pla CAUSE OF Important. S 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.Ward)

Ilf death occurred to a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	North)	/2 (Day	, 19113. (Year)
	CERTIFY, Tha	t I attended de	
that I last saw h all			
and that death occurred o The CAUSE OF DEATH*			6-30Am,
Chara m	e / 22	onch	tes
	(Duration)	metern yrs	mos. ds.
Contributory /2	(Duration)	5-0-6 42	mos. ds.
(Signed) Z H K	ryson		, M. D.
*State the Disease C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH,		
16 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs mos. Where was disease contracted,	In the		
If not at place of death? Former or usual residence		****************************	****************************
The Can	REMOVAL	12/13	191.3
20 UNDERTAKER	1.1.	ADDRESS	1-000

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WRITE

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1914
BUREAU, V.S.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ilf death occurred in a hospitat or institution, give Its NAME jostead of street and number. 1

MEDICAL CERTIFICATE OF DEATH

(Day) (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, s

(Duration) / 2 vrs.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

DATE OF BURIAL

ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

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8	RECORD	PHYSICIANS (
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Eve CAI

PLACE OF DEATH 17115	STATE OF MARYLAND
County mutarmen	CERTIFICATE OF DEATH
	Registration Dist. No.
Probable RAID	Elé double accounted la
Village or City (No. (No.	St.; ward) a hospital or institution,
Kartest & Hom	give its NAME Instead of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SWILE, MARRIED, MARRIED, MIDDINED, MIDDINED	16 DATE OF DEATH LINE 17 # 1913
Mail Colared ORDINGER the word	(Month) (Day (Year)
8 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
- Dec 1, 1891	1911, to dec 11, 191/3,
(Month) (Day (Year)	that I last saw h. 12 m alive on LLC /3 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 6 m
yrs Lite (mos sk 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Julianaly Ontescalose,
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) / yrs. 8 mos. ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER MOTENT Hanes	(Signed) Affirmation, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Ste 17, 1913 (Address) Hor Berth mil
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissase contracted, If not at place of death?
(Informact)	Former or usual residence
(Address) ALEY (-E. Ch. Tolly)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	porvect Dec 19, 1913
Filed Lee 19, 1913	20 UNDERTAKER ADDRESS
REGISTRAR	1 Jan 1 Propose 60
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

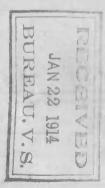


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couaffectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations ou statement of scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Dropsy," "Exhaustiou," State cause for Never report Ex





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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "PUERPEEAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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will UNFADING INN—IMIS IS A PERMANENT I id be carefully supplied. AGE should be stated EXACTLY. From s, so that it may be properly classified. Exact statement back of certificate.	WRITE FLAINLY, WITH UNFADING INN-INIS IS A PERMANENT RECORD 8.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
will UNFADING INN—INIS IS ind be carefully supplied. AGE should Ims, so that it may be properly classif back of certificate.	NITE FLAINLY, WILD UNIADING INN—IDIS IS of Information should be carefully supplied. AGE should I DEATH in plain terms, so that it may be properly classif See Instructions on back of certificate.
will UNFADIN id be carefully supp ms, so that it may back of certificate.	NILE FLAINLY, WILD UNFADIN of information should be carefully supl DEATH in plain terms, so that it may See instructions on back of certificate.
	of information show DEATH in plain ter See instructions on

PLACE OF DEATH	STATE OF MARYLAND
County Montgome 7117	CERTIFICATE OF DEATH
Col - V	Registration Dist. No.
Village or City Nearon (No	St.; Ward) [If death occurred is a hospital or institution,
FULL NAME aunie Pre	man Herberger of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale 4 COLOR OB RACE 5 SINGLE, MARRIED, Married, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH July - 1848	17 I HEREBY CERTIFY, That I attended deceased from
(Moner) (Day (Year) AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above at
yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or fauncing e particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos o
State or country)	Gentributor Secondary (Duration) yrs mos de
10 NAME OF allan Bawman	(Signed) aleighte the second of the second o
11 BIRTHPLACE OF FATHER (Ntate or country)	*State the Disease Causing De rit, or, in deaths from Viotent Causes, state (1) Means of Injury; and (2) whether Accident
of Mother Mautha Brane	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSJERS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
(Informant) Hech Baron au	Where was disease contracted, if not at place of death?
(Address) / during ton	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Flied, 191	200 MOERTARERY Churchen Aborness
(Address) / duangton Filed, 191	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can affection need not be stated unless important. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Collapse," "Coma," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," or intercurrent) State cause for Never report



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County monta.	CERTIFICATE OF DEATH Registration Dist. No. 32.0
Village or City we Dandsourtho.	St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Warried on the word) 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 1 2 20 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has allve on Dec 19 ,1913.
TAGE 11 LESS than 1 day, hrs. or min. ?	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) & yrs. — mos. — ds
9 BIRTHPLACE (State or country) Thailland	(Signed) U. D. Weers Q. M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME Martha Balden 13 BIRTHPLACE OF MOTHER (State or country) Marthauland.	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sasale Shisson	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Sellemans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC. 1813
Filed Dec 21, 1913 & M. Whites REGISTRAN	20 UNDERTAKER ADDRESS H. J. Willow Low Barneville.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an causing death, state occupation at beginning of ilibeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative aeaithfulwho have no occupation whatever, write None (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. classified. 4 should properly AGE INK supplied. pe UNFADING may certificate carefully 0 WITH back should of Information DEATH in plain See instructions WRITE Every Item CAUSE OF Important.

1 PLACE OF DEATH awsowille PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 2 (Day) (Month) (Year) If LESS than 7 AGE t day, hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ⁹BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Address) 15 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:Ward)

It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

0	MEDI	CAL CERTIF	CATE OF	DEATH	
18 DATE	OF DEATH	(/2 Month)	(Day)	, 1913 (Year)
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	it saw h	alive on	*****		, 191
The CALL	SE OF DEAT	TH* was as	ollower		
	lbutory	(Du	ration) .	yrs m	10sds
(Signed)	U.D.	hous (Address)	se.	yrsn	. M. D
*Stat	te the Diamas	E CAUSING DI	EATH or in	doothe from	· Wree
At place of death Where was	yrs, s disease contractions of death?	mos ds.	In the		

ADDRESS

Af more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

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PERMANENT EXACTLY. 4 2 UNFADING INK-THIS AGE carefully supplied. PLAINLY, WITH pe information should WRITE

Very should state

OCCUPATION IS

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properly classified. Exact statement

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that it

certificate.

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See instructions on back

in plain terms.

DEATH

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Every Item CAUSE OF

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important.

PARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work...

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(Intormant) --

(Address) .---

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer)

PHYSICIANS

RECORD

17120 PLACE OF DEATH County-(No ... 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL	CERTIFIC	CATE OF	DEATH		
16 DATE OF DEATH	(Mon	th)	3e	, 19	
101100	CERTIF				from
that I last saw hall	ive on	e stated a	bove at	9 ,19 6 a	,)
The CAUSE OF DEATHS	Waa as To		fui	as'	-
			*****************		***********
Contributory Secondary	1.	Tux	yrs.	when !	ds.
(Signed) Cleage	Address)	Ke	nex	lon	M.D.
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOME	AUSING DE NS OF INJ CIDAL.	EATH, OF	In deaths	from Vio	LENT DEN
16 LENGTH OF RESIDENTS) At place of death yrs mos. Where was disease contracted,		In the	yrs		
If not at place of death? Former or usual residence		****************	********************		o o dominos
19 PLACE OF BURIAL OF	REMIDVA	1	Jan.	BURIAL 19	1/4
20 UNDERTAKER	Pages	40	ADDRESS	6.	10

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not daties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statemeut. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viooma, Sareoma, etc., of..... (uame origin; "Caumia," "Puerperal peritonitis," etc. State cause for thenia," "Auaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Timor" for malig-LENT DEATHS state MEANS OF INJUST and qualify as childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 22 1914 BUREAU, V.S. ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

AGE should be stated EXACTLY.

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See Instructions on back of

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B.-Every item of information should be CAUSE OF DEATH in piain terms, so

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County Montgonery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Canus Trene Or	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH December 30, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Dec. 29, 1895. (Month) (Day) (Year)	That I last saw h 42/ alive on 20 26 ,1913
If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds Contributory (Secondary)
10 NAME OF FATHER From William System 11 BIRTHPLACE OF FATHER (State or country) Maryland 2 12 MAIDEN NAME	(Signed)
of Mother Magine Grown 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
(Address) Damas aux Ind.	19 place of Burial or REMOVAL DATE OF BURIAL Neudohif Cennelery Jan. 1914 20 UNDERTAKER. ADDRESS

REGISTRAR

Af more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla mia," "Puerpeaal peritonitie," etc. State cause for childbirth or miscarriage. as "Purrement septichaemus," "Old Age," "Shock," 'Traemla," "Weakness," genital," ture of the American Mcdicai Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent; Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can Examples:



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	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220 If death occurred isWard) a hospital or institution, give its NAME insteed of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, Married (Write the word) (Month) I HEREBY CERTIFY, That I sttended deceased from 13 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dey.....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _ which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country of deeth _____ yrs. ___ mos. ___ State ___ _ ds. Where wes disease contracted. If not at piece of deeth?.. Former or usual residence. OF BURIAL OR REMOVAL 15 ., 191. 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 7 1914 BUREAU. V.S. PHYSICIANS should state of OCCUPATION Is very

Exact statement

of information should be carefully supplied. AGE should be signed. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Every item of information CAUSE OF DEATH in plain important. See instructions

RECORD

A. PERMANENT be stated EXACTLY.

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County JAONS

CERTIFICATE OF DEATH

STATE OF MARYLAND

Registration Dist. No. 2/1/

Traulon

VII	iago or City Colesvelle (No. ,	St.: Ward	[If death occurred lo a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE O	F DEATH
35	All Color of RAGE Single, Married, Lingle Wildowed, Ordivorced (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That	
	(Month) (Day (Year)	that I last saw h alive on	
TA	GE If LESS than	and that death occurred on the date states	i above, atm,
	6 yrs 6 mos 0 ds. 1 day, 4. hrs.	The CAUSE OF DEATH* was as follows:	
	CCUPATION		- was
) Trade, profession, or ricular kind of work.	Tom dea'd	***************************************
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	(Ouration)	yrsds.
	(State or country) Montg' les. Md	Contributory	
	10 NAME OF Plas McPherson	(Signed) (Ooration)	yrs mos ds.
ENTS	11 BIRTHPLACE OF FATHER	,191 (Address) Sel	ver depring
AREN	(State or country) 12 MAIDEN NAME 1 A	*State the DISEASE CAUSING DEATH, OF CAUSES. state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	, in deaths from VIOLENT nd (2) whether ACCIDEN-
4	OF MOTHER Bertha Delson	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, TRANSIENTS,
	of Mother (State or country)	At place In the of death yrs mos ds. State	yrs, mos, ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Bertha Wefkerson	Former or usual residence	
15	(Address). Heleological Comp	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FII	ed Vee 3, 1913 It. Brown	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "hanltion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report For vio-



County Montgoning	CERTIFICATE OF DEATH Registered No.248
Village or City Pashingley From (No. 2 FULL NAME Robt Strung Ma	St; Ward) [If death occurred in a hospital or institution, give its NAME instead et sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Coloral Spinets, Married Manuel. Male Coloral Manuel. (Write the word)	16 DATE OF DEATH (Menth) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
9 74 1834 (Month) (Day) (Year)	that I last saw h alive on 14 10 1913
7 AGE ST yrs. 2 mos. 2 ds. or. min.?	and that death occurred on the date stated shove, at 9 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Joeal Express delivoryman particular kind of work. (b) General nature of Industry, business, or establishment in Mooring January We which employed (or employer)	Contributory (Duration)
State or country) Md. 10 NAME OF Southlead	(Secondary) (Boration) yrs mos ds. (Signed) Halday Guichenskury
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY MASON	*State the Disease Causing Death, or, in deaths from Violent J Causes, state (1) Means of Injury; and (2) whether Acciden- Tal, Suicidal, or Homicidal.
of Mother Mary Mason. 13 BIRTHPLACE OF MOTHER (State or country) MAGON MARCH	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
Informant) Wesley Essecies (Informant) Washington France	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed Dic 24, 1817 6.2. Totalian 3.10 REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registran	c, 6 E. Franklin St., Balto., Mequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housciefe, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) saiesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (hever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." scheis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Purperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of merc symptoms or Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. .. Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH. Or, in deaths from Volume CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[If death occurred in

a hospital or Institution. give Its NAME Instead of street and number.

DATE OF BURIAL

cepelle

ADDRESS



[Approved by U. S. Consus and American Public Health Association.]

dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thns: been changed or given up on account of the disease Scrvant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nuqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Surcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions." "Debility" ("Conthenia." "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. injury, as fracture of sknll, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasthre of the American Medical Association.) cause of death approved by Committee on Nomcucla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the is less defiuite; avold use of "Tumor" for malig-The contributory Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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PHYSICIANS should state of OCCUPATION IS very RECORD EXACTLY. F PERMANENT UNFADING INK-THIS carefully supplied certificate. WRITE PLAINLY. in plain See instructions of Information DEATH Item E OF Every item CAUSE OF Important.

15

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.,

..St.;....Ward)

[If death occurred in a hospital or Institution, give IIs NAME Instead

	FULL NAME Incomplant	ileo. ef streef and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH \$2. 2-2, 1851 (Month) (Day) (Year)	that I last saw h alive on 191
7 A		and that death occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or ritcular kind of work.	
bus	Genoral nature of Industry, Iness, or establishment in ch employed (or employer)	(Doration) yrs. mos. de
9 B	IRTHPLACE tate or country)	(Secondary) (Duration) yrs mose de
S	10 NAME OF Same P Hymer 11 BIRTHPLACE	(Signed) Buy N. D. N. D. M. D.
RENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in Leaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,

REGISTRAR

DATE OF BURIAL

20 UNDERTAKER

Former or

usual residence

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," If the occupation has For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never repor valvular heart disease; Chronic interstitial nephritis The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



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13 BIRTHPLACE

(Address).....

(Intormant)

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OF MOTHER (State) or country)

14 THE ABOVE AS TRUE TO THE BEST

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17127 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ili death occurred la Village or City. -Ward) a hospital or Institution, give its NAME lastead of street and number.] 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH FSEX COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, 191. (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 913 Dac that I last saw h A alive on (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or any particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) --9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER , 191 2 (Address) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS

Where was disease contracted, If not at place of death?	yrs, mos
Enrmer or usage residence	
19 LACE OF BURIAL OR REMOVAL	DATE OF BURIAL

In the

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

Ai place

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measics (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 17128	STATE OF MAR	YLAND
	The 110	CERTIFICATE OF	DEATH
Col	inty.	Registration Dist	. No. 2 / 2
Viii	age or City Schuson (No	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SE	WIDOWED, WIND	16 DATE OF DEATH	/4 , 1913 (Day (Year)
11	Tale While (Write the word)	(Month)	(
6 D/	(Month) (Day (Year)	that I last saw ham alive on DCA	1913.
7 AC	6 2 9 14 1 day,hrs.	and that death occurred on the date stated of the CAUSE OF DEATH* was as follows:	above, at 2, 13 4 m
8 04	yrsds. ORmin. ?	Petitoneles -	and
(a)	Trade, profession, or	Barbine Lat	hour
(b)	General nature of industry, iness, or establishment in maskly dwelling house, ch employed (or employer)	(Duration)	yrsmos
	RTHPLACE (State or country) Washington & C	Secondary (Duration)	vrs 6 mos ds
	10 NAME OF FATHER PROBLEM TW SMOOT	(Signed) Whole	, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)		in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER MANAGE A LA CA LA CA	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS,	
-	13 BIRTHPLACE OF MOTHER (State or country)	At place in the	yrs, ds
	(Informant) The Best of My Knowledge	If not at place of death? Former or usual residence	
15	(Address). Lucherson my	19 PLACE OF BURIAL OR REMOVAL BAT NEVEL	See 15, 1913
FII	ed SEC3/, 1913 EW While	20 UNDERTAKER WMI HILLOW Y AM	ADDRESS Barnsville
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S.	



[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-Bronchopnoumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

1	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLAGE OF DEATH 17129	STATE OF MARYLAND
County Murity.	CERTIFICATE OF DEATH
71 3 .	Registration Dist. No.
Village or City Dansowdling Hour	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Rebecca Tally	give its NAME Instead of street and number.]
FULL NAME KUCCA COLY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH /2 /6 1918
Hruale maro - (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (2 4 / 19/3	17 I HEREBY CERTIFY, That I attended deceased from
4 De Holandi	that I last saw her alive on See 10° 1913
(Month) (Day) (Year) AGE If LESS than	and that death occurred on the date stated above, at A P m:
t day,hrs.	The CAUSE OF DEATH * was as lollows:
mos. // ds. QRmln.?	X Manition
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. — mos. // ds.
State or country) Buck Lodge M 10	Gontributory. (Secondary)
10 NAME OF 11	(Duration) yrs mos ds.
FATHER James N Jalley	(Signed) , M. D. , M.
N 11 SIRTHPUNCE OF FATHER OF COUNTRY) TERMENTOWN MA	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT
OZ 12 MAIDEN NAME A TOMAN MANNES II	CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence
(Address hame Helroy Buch Lodg	DEFACE OF BURIAL OR REMOVAL DATE OF BURIAL
AULICSS AULICSS AULICE	Boyde hid. 12/17 1913
Filed Jan 2 1913 2 WWW.	20 UNDER AKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E Franklin St. Balto Bouncillo V S. V.
the more blanks are according additions brate heggs trait, o	m rament oc. parto, reducetink v. 2. No. 1.

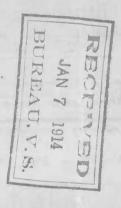


[Approved by U. S. Census and American Public Health Association.]

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scpsis, tetanus) muy be stated under the head such, if impossible to determine definitely. childbirth or miscarriage, as "Purreman scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genitai," "Senile," etc.), ample: Measles (disease causing ver" is less definite; avoid use of "Tumor" for mailgenant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "lieart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT-DEATHS state MEANS OF-INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), . 29 ds. State cause for Examples: For vio-







[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

050 5 1910



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Buttette (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) Spousseller [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sparses (Write the word) 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WORDWORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 1913
7 AGE (SIGHT) (Day) (Teat) 17 LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 780 Pm; The CAUSE OF PEATH* was as follows:
(a) Trade, profession of particular kind of work (b) General nature of industry, business, or establishment in	Temonhage (accident) Throng triggy when Horse ran airfay.
which employed (or employer) BIRTHPLACE (State or country) Hudk Co Med.	Contributory (Secondary) (Duration) yrs mos ds
of FATHER John Spouseller OF FATHER OF FATHER OF FATHER (State or country) Audio Co Mid-	(Signed) Ac Nousel h. D. M. D. (Address) Dousenwill ful
(State or country) That I was Co Ma. 12 MAIDEN NAME COMMOTHER COMMOTHER COMMOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Aredico hid	At place in the ot death yrs mos ds. State yrs mos ds
(Informant) Latella Conseller (ling) (Address) Residente Mid.	Where was disease contracted, If not at place of death? Former or usual residence
Filed Dec 3 1913 REGISTRAR	20 UNDERTAKER Jacks County 1/1/14 1923. 20 UNDERTAKER Jackson Jackson Mid
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the dibease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and quality as mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness." genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrbage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



COOL	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPAT	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Elf death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED, Weckous (Month) (Year) ORDIVORCEO (Write the word) 1 HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH , 1913 to 12-19 that I last saw har alive on /2 - /9 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 3 30 %, m. f day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or Thouse work particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs 3 mos 6 ds. which employed (or employer) Contributory ... BIRTHPLACE (State or country) 10 NAME OF FATHER 12-27-1913 (Address) Oliver, R ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ ds Where was disease contracted. if not at place of death?..... usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAK ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffectiou ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 5 1914

BUREAU. V.S.

PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY: properly classified. Exact statement PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. MARGIN WRITE PLAINLY, WITH

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Gounty Manage 19	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/7
Village or City LONNY (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Thule Single, Married, Widowed, Worked (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH UNKnown,	Dec 12 1913, to Bee 12, 1918.
(Month) (Day (Year) 7 AGE If LESS than 1 day,	that I last saw h 5 M alive on 12 12 1913 and that death occurred on the date stated above, at 6 3 6 m, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Clubsuown 10 NAME OF FATHER MANNEL No. 1991	Gontributory (Duration) yrs mos ds. (Signed) 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10
11 BIRTHPLACE OF FATHER (State or county) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or equatry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) My Get Justine	If not at place of death? Former or usual residence
(Address) 2000 July 15	Freeds Cerestery Sandy Spring 12-14, 1913
Filed/2 12 - 1913 Class Forgular Socal REGISTRAR	Geo. Vb. Gashell Brockeville Uld

dies 4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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No.

N. B.

	PERSONAL AND STATIST
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00	ATE OF BIRTH
	(Month
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	CCUPATION) Trade, prefession, or O
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PLACE OF DEATH 17385

Village or City Mr. Great Falls. (No.

County montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registr	ation Dist.	No.	/
C+.	Word	[It death	occurred

St.;Ward)	a hospital or institution
	give its NAME iostea
	of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, unlensur	16 DATE OF DEATH (Month) (Day) (Year)
Responsed (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
of BIRTH	, 191, to
(Month) (Day) (Year)	that I last saw h alive on
If LESS the 1 day, hr	The CAUSE OF DEATH * was as follows:
pation a, prefession, or & uphazed to be a habour	of this unknown man were
rat nature of industry, or establishment io ployed (or empleyer)	Great Fall (Duration) yrs mos ds
PLACE or country) Supposed Suman	Contributory (Secondary) (Duration) yrs mos ds
NAME OF FATHER UNKNOWN	(Signed) 6 / Mannon, M. D.
OFFATHER State or country) & www. Serman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
SIRTHPLACE OF MOTHER (Late or country) Sunivosed Summer	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. Where was disease contracted,
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
mant)	Former or usual residence
Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
THE DOWN	Potter's Fixed
	20 UNDERTAKER ADDRESS
REGISTRAR	115 (2) (1)



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report



should is OCCUPATION RECORD PERMANENT properly supplied. pe UNFADING may certificate. carefully that ō back terms, instructions DEATH See of OF Item mportant. Every it

17134 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, MARRIED, WIDDWED. (Month) (Day (Year) (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs, ____ mos. ___ ds Where was disease confracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

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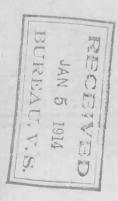


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return __ Laborer," Farmer (retired 6 yes.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is Indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., deut; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify and which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report



RECORD

ounty	montgomery 17135
	r City Linden (A
2	ULL NAME Stephen
P	RSONAL AND STATISTICAL PARTICULA
EY	4 COLOR OR BACE 5 SINGLE,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 222

[if death occurred in a hospital or institution, give Its NAME Instead

FULL NAME Stephen young	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Negro Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH December 20, 1913. (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from the 20, 1913 to 191 , that I last saw h alive on 191
TAGE If LESS than 1 day,hrs. 2 yrs. — mos. — ds. ORmin.? BOCCUPATION (a) Trade, protession, or particular kind of work	and that death occurred on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows: Killed by Saur-mill- accilled
(b) General nature of industry, business, or establishment in which employed (or employer) d'arm and sawmill BIRTHPLACE (State or country) Prince Leorge Co., Md.	(Duration) yrs. mos. ds. Contributory Hemorrhay
10 NAME OF Stephen Young 11 BIRTHPLACE OF FATHER (State or country) Prince George Co. 12 MAIDEN NAME	(Signed)
of MOTHER not obtainable 13 BIRTHPLACE OF MOTHER (State or country) Not obtainable 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Enos Keyls	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Sinden, Md. Filed Die 20, 1913 H. H. Howlett,	Suttonsville, Md. Date of Burial 20 UNDERTAKER ADDRESS.

Deputy REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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N. B.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—In a ffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia; Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.